

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

In re Vascular Access Centers, L.P.
Debtor

Case No. 19-17117
Reporting Period: 11/13-11/30/2019

INITIAL MONTHLY OPERATING REPORT

File report and attachments with Court and submit copy to United States Trustee within 15 days after order for relief.

Certificates of insurance must name United States Trustee as a party to be notified in the event of policy cancellation. Bank accounts and checks must bear the name of the debtor, the case number, and the designation "Debtor in Possession." Examples of acceptable evidence of Debtor in Possession Bank accounts include voided checks, copy of bank deposit agreement/certificate of authority, signature card, and/or corporate checking resolution.

REQUIRED DOCUMENTS	Document Attached	Explanation Attached
12-Month Cash Flow Projection (Form IR-1)	X	
Certificates of Insurance:		
Workers Compensation	X	
Property		
General Liability	X	
Vehicle	X	
Other: Professional Liability	X	
Identify areas of self-insurance w/liability caps		
Evidence of Debtor in Possession Bank Accounts		
Tax Escrow Account		
General Operating Account	X	
Money Market Account pursuant to Local Rule 4001-3 for the District of Delaware <u>only</u> . Refer to:		
http://www.deb.uscourts.gov/		
Other:		
Retainers Paid (Form IR-2)	X	

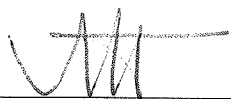
I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the documents attached are true and correct to the best of my knowledge and belief.

Signature of Debtor

Date

Signature of Joint Debtor

Date



12/20/2019

Signature of Authorized Individual*

Date

Mark Tucci
Printed Name of Authorized Individual

CFO
Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

In re Vascular Access Centers, L.P.
Debtor

Case No. 19-17117
Reporting Period: 11/13-11/30/2019

CASH FLOW PROJECTIONS FOR THE 12 MONTH PERIOD: November 2019 through October 2020

This schedule must be filed with the Court and a copy submitted to the United States Trustee within 15 days after the order for relief. Amended cash flow projections should be submitted as necessary.

	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Total
Cash Beginning of Month	\$ 119,259	\$ 353,007	\$ 30,171	\$ (104,566)	\$ (33,061)	\$ (339,806)	\$ (307,901)	\$ (162,996)	\$ (233,341)	\$ (101,436)	\$ 43,469	\$ (26,876)	\$ 119,259
RECEIPTS													
CASH SALES	9,313	-	-	-	-	-	-	-	-	-	-	-	9,313
ACCOUNTS RECEIVABLE	1,614,462	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	25,814,462
LOANS AND ADVANCES	-	-	-	-	-	-	-	-	-	-	-	-	-
SALE OF ASSETS	-	-	-	-	-	-	-	-	-	-	-	-	-
OTHER (ATTACH LIST)	5,593	-	-	-	-	-	-	-	-	-	-	-	5,593
TOTAL RECEIPTS	1,629,368	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	2,200,000	25,829,368
DISBURSEMENTS													
NET PAYROLL	(731,937)	(748,000)	(858,400)	(720,325)	(720,325)	(720,325)	(720,325)	(720,325)	(720,325)	(720,325)	(720,325)	(720,325)	(8,821,262)
PAYROLL TAXES	(178,260)	(187,000)	(214,600)	(199,770)	(199,770)	(199,770)	(199,770)	(199,770)	(199,770)	(199,770)	(199,770)	(199,770)	(2,377,790)
SALES, USE, AND OTHER TAXES	-	-	-	-	-	-	-	-	-	-	-	-	-
INVENTORY PURCHASES	(7,500)	(616,000)	(616,000)	(616,000)	(616,000)	(616,000)	(616,000)	(616,000)	(616,000)	(616,000)	(616,000)	(616,000)	(6,783,500)
SECURED RENTAL/LEASES	-	-	-	-	-	-	-	-	-	-	-	-	-
INSURANCE	(257,864)	(236,186)	(123,337)	(142,400)	(305,400)	(169,000)	(169,000)	(169,000)	(169,000)	(169,000)	(169,000)	(169,000)	(2,248,187)
ADMINISTRATIVE & SELLING	(5,320)	(140,000)	(140,000)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(100,000)	(1,185,320)
OTHER (EQUIPMENT)	(141,797)	(79,000)	(79,000)	(79,000)	(79,000)	(79,000)	(79,000)	(79,000)	(79,000)	(79,000)	(79,000)	(79,000)	(1,010,797)
RENT	(143,000)	(143,000)	(143,000)	(121,000)	(121,000)	(121,000)	(121,000)	(121,000)	(121,000)	(121,000)	(121,000)	(121,000)	(1,375,000)
PROFESSIONAL FEES	(72,942)	(75,000)	(150,000)	(150,000)	(150,000)	(150,000)	(50,000)	(50,000)	(50,000)	(50,000)	(50,000)	(50,000)	(1,047,942)
LLC MINORITY DISTRIBUTIONS	-	-	-	-	-	-	-	-	-	-	-	-	-
DEPT OF JUSTICE	-	(215,250)	-	-	(215,250)	-	-	(215,250)	-	-	(215,250)	-	(861,000)
IND REVIEW ORG	-	(83,400)	-	-	-	-	-	-	-	-	-	-	(83,400)
U.S. TRUSTEE FEES	-	-	(10,400)	-	-	(13,000)	-	-	(13,000)	-	-	(13,000)	(49,400)
COURT COSTS	-	-	-	-	-	-	-	-	-	-	-	-	-
TOTAL DISBURSEMENTS	(1,395,620)	(2,522,836)	(2,334,737)	(2,128,495)	(2,506,745)	(2,168,095)	(2,055,095)	(2,270,345)	(2,068,095)	(2,055,095)	(2,270,345)	(2,068,095)	(25,843,598)
NET CASH FLOW	233,748	(322,836)	(134,737)	71,505	(306,745)	31,905	144,905	(70,345)	131,905	144,905	(70,345)	131,905	(14,230)
(RECEIPTS LESS DISBURSEMENTS)													
Cash End of Month	\$ 353,007	\$ 30,171	\$ (104,566)	\$ (33,061)	\$ (339,806)	\$ (307,901)	\$ (162,996)	\$ (233,341)	\$ (101,436)	\$ 43,469	\$ (26,876)	\$ 105,029	\$ 105,029

Excludes capital required for Ambulatory Surgical Center conversions as well as required tax distributions to minority partners
Will be amended to reflect Debtor in Possession financing if approved

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.																			
IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).																			
PRODUCER AUTOMATIC DATA PROCESSING INS AGCY 76250717 71 HANOVER ROAD FLORHAM PARK NJ 07932	CONTACT NAME: <table border="1"> <tr> <td>PHONE (800) 524-7024 (A/C, No, Ext):</td> <td>FAX (800) 524-4013 (A/C, No):</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS:</td> </tr> <tr> <td colspan="2">INSURER(S) AFFORDING COVERAGE</td> </tr> <tr> <td colspan="2">INSURER A: Hartford Fire and Its P&C Affiliates</td> </tr> <tr> <td colspan="2">INSURER B:</td> </tr> <tr> <td colspan="2">INSURER C:</td> </tr> <tr> <td colspan="2">INSURER D:</td> </tr> <tr> <td colspan="2">INSURER E:</td> </tr> <tr> <td colspan="2">INSURER F:</td> </tr> </table>	PHONE (800) 524-7024 (A/C, No, Ext):	FAX (800) 524-4013 (A/C, No):	E-MAIL ADDRESS:		INSURER(S) AFFORDING COVERAGE		INSURER A: Hartford Fire and Its P&C Affiliates		INSURER B:		INSURER C:		INSURER D:		INSURER E:		INSURER F:	
PHONE (800) 524-7024 (A/C, No, Ext):	FAX (800) 524-4013 (A/C, No):																		
E-MAIL ADDRESS:																			
INSURER(S) AFFORDING COVERAGE																			
INSURER A: Hartford Fire and Its P&C Affiliates																			
INSURER B:																			
INSURER C:																			
INSURER D:																			
INSURER E:																			
INSURER F:																			
INSURED VASCULAR ACCESS CENTERS LP 2929 ARCH ST STE 1705 PHILADELPHIA PA 19104-2857	NAIC# 00914																		

COVERAGES				CERTIFICATE NUMBER:		REVISION NUMBER:								
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.														
INSR LTR	TYPE OF INSURANCE			ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YYYY)	LIMITS					
	<input type="checkbox"/>	COMMERCIAL GENERAL LIABILITY							EACH OCCURRENCE					
	<input type="checkbox"/>	CLAIMS-MADE	<input type="checkbox"/>						OCCUR	DAMAGE TO RENTED PREMISES (Ea occurrence)				
	<input type="checkbox"/>								MED EXP (Any one person)					
	<input type="checkbox"/>								PERSONAL & ADV INJURY					
	<input type="checkbox"/>	GEN'L AGGREGATE LIMIT APPLIES PER:							GENERAL AGGREGATE					
	<input type="checkbox"/>	POLICY	<input type="checkbox"/>						PRO-JECT	<input type="checkbox"/>	LOC	PRODUCTS - COMP/OP AGG		
<input type="checkbox"/>	OTHER:													
	AUTOMOBILE LIABILITY								COMBINED SINGLE LIMIT (Ea accident)					
	<input type="checkbox"/>	ANY AUTO							BODILY INJURY (Per person)					
	<input type="checkbox"/>	ALL OWNED AUTOS	<input type="checkbox"/>						SCHEDULED AUTOS	BODILY INJURY (Per accident)				
	<input type="checkbox"/>	HIRED AUTOS	<input type="checkbox"/>						NON-OWNED AUTOS	PROPERTY DAMAGE (Per accident)				
	<input type="checkbox"/>													
	<input type="checkbox"/>													
	<input type="checkbox"/>	UMBRELLA LIAB							EACH OCCURRENCE					
	<input type="checkbox"/>	EXCESS LIAB							AGGREGATE					
	<input type="checkbox"/>	DED	RETENTION \$											
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY					76 WBG ZI7221	12/01/2019	12/01/2020	<input type="checkbox"/>	PER STATUTE	<input checked="" type="checkbox"/>	X	OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)								<input type="checkbox"/>	N/A		E.L. EACH ACCIDENT	\$500,000	
	If yes, describe under DESCRIPTION OF OPERATIONS below											E.L. DISEASE -EA EMPLOYEE	\$500,000	
												E.L. DISEASE - POLICY LIMIT	\$500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

CERTIFICATE HOLDER Vascular Access Centers LP 2929 Arch St Suite 1705 Philadelphia PA 19104	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE <i>Susan L. Castaneda</i>
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VASCACC-01

LLESTER

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/5/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER M.F. Irvine Companies, LLC 21 East 5th Avenue Suite 205 Conshohocken, PA 19428	CONTACT NAME:	
	PHONE (A/C, No, Ext): (610) 862-4350	FAX (A/C, No): (610) 862-4351
INSURED Vascular Access Centers, LP 4220 Market Street, 2nd Floor Philadelphia, PA 19104	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Columbia Casualty Co.	NAIC # 31127
	INSURER B : Valley Forge Ins. Co.	20508
	INSURER C : CNA - Continental Casualty Company	20443
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			HMA4032277547	12/1/2019	12/1/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			6023651162	12/1/2019	12/1/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$			HMC4032279816	12/1/2019	12/1/2020	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ \$ 6,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Prof Liability			HMA4032277547	12/1/2019	12/1/2020	1,000,000
C	Excess Prof Liab			HMC4032279816	12/1/2019	12/1/2020	6,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Property Insurance-CNA Policy Number 6023648441

Blanket Personal Property-Limit: \$7,141,255

Blanket Business Income and Extra Expense-Limit: \$16,747,970

LA Property policy-Mt Hawley Insurance Company Policy Number MCP0167509

Blanket Personal Property-Limit: \$6,474,021

SEE ATTACHED ACORD 101

CERTIFICATE HOLDER

CANCELLATION

EVIDENCE OF INSURANCE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Laura J. Lester

AGENCY CUSTOMER ID: VASCACC-01

LLESTER

LOC #: _____



ADDITIONAL REMARKS SCHEDULE

Page 1 of 1

AGENCY M.F. Irvine Companies, LLC		NAMED INSURED Vascular Access Centers, LP 4220 Market Street, 2nd Floor Philadelphia, PA 19104	
POLICY NUMBER SEE PAGE 1			
CARRIER SEE PAGE 1	NAIC CODE SEE P 1	EFFECTIVE DATE: SEE PAGE 1	

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
FORM NUMBER: ACORD 25 FORM TITLE: Certificate of Liability Insurance

Description of Operations/Locations/Vehicles:
Inland Marine- CNA Policy Number: 6023744229
Limit: \$7,339,059



P.O. Box 15284
Wilmington, DE 19850

VASCULAR ACCESS CENTERS LP
DEBTOR IN POSSESSION CASE 19-17117
OPERATING ACCOUNT
2929 ARCH ST STE 1705
PHILADELPHIA, PA 19104-2857

Customer service information

☎ Customer service: 1.888.400.9009

🌐 bankofamerica.com

✉ Bank of America, N.A.
P.O. Box 25118
Tampa, FL 33622-5118



Please see the **Important Messages - Please Read** section of your statement for important details that could impact you.

Your Full Analysis Business Checking

for November 1, 2019 to November 30, 2019

Account number: [REDACTED]

VASCULAR ACCESS CENTERS LP DEBTOR IN POSSESSION CASE 19-17117 OPERATING ACCOUNT

Account summary

Beginning balance on November 1, 2019	\$176,281.62
Deposits and other credits	2,100,606.63
Withdrawals and other debits	-1,441,358.05
Checks	-705,537.80
Service fees	-2,610.92
Ending balance on November 30, 2019	\$127,381.48

of deposits/credits: 61

of withdrawals/debits: 302

of days in cycle: 30

Average ledger balance: \$133,371.87

Reporting Period: 11/13-11/30/2019

(This schedule is to include each Professional paid a retainer¹)

¹ Identify all Evergreen Retainers

UNITED STATES BANKRUPTCY COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA

In re, Vascular Access Centers, L.P.

Case No. 19-17117

Reporting Period: 11/13-11/30/2019

MONTHLY OPERATING REPORT

File with Court and submit copy to United States Trustee within 20 days after end of month.

Submit copy of report to any official committee appointed in the case.

REQUIRED DOCUMENTS	Form No.	Document Attached	Explanation Attached	Affidavit/Supplement Attached
Schedule of Cash Receipts and Disbursements	MOR-1	x		
Bank Reconciliation (or copies of debtor's bank reconciliations)	MOR-1a	x		
Schedule of Professional Fees Paid	MOR-1b	x		
Copies of bank statements				
Cash disbursements journals				
Statement of Operations	MOR-2	x		
Balance Sheet	MOR-3	x		
Status of Postpetition Taxes	MOR-4			
Copies of IRS Form 6123 or payment receipt				
Copies of tax returns filed during reporting period				
Summary of Unpaid Postpetition Debts	MOR-4	x		
Listing of aged accounts payable	MOR-4	x		
Accounts Receivable Reconciliation and Aging	MOR-5	x		
Debtor Questionnaire	MOR-5	x		

I declare under penalty of perjury (28 U.S.C. Section 1746) that this report and the attached documents are true and correct to the best of my knowledge and belief.

Signature of Debtor

Date

Signature of Joint Debtor

Date

Signature of Authorized Individual*

Date

Mark Tucci
Printed Name of Authorized Individual

CFO
Title of Authorized Individual

*Authorized individual must be an officer, director or shareholder if debtor is a corporation; a partner if debtor is a partnership; a manager or member if debtor is a limited liability company.

In re Vascular Access Centers, L.P.
Debtor

Case No. 19-17117
Reporting Period: 11/13-11/30/2019

SCHEDULE OF CASH RECEIPTS AND DISBURSEMENTS

Amounts reported should be per the debtor's books, not the bank statement. The beginning cash should be the ending cash from the prior month or, if this is the first report, the amount should be the balance on the date the petition was filed. The amounts reported in the "CURRENT MONTH - ACTUAL" column must equal the sum of the four bank account columns. The amounts reported in the "PROJECTED" columns should be taken from the SMALL BUSINESS INITIAL REPORT (FORM IR-1). Attach copies of the bank statements and the cash disbursements journal. The total disbursements listed in the disbursements journal must equal the total disbursements reported on this page. A bank reconciliation must be attached for each account. [See MOR-1 (CONT)]

	BANK ACCOUNTS				CURRENT MONTH		CUMULATIVE FILING TO DATE	
	OPER	PAYROLL	TAX	OTHER	ACTUAL	PROJECTED	ACTUAL	PROJECTED
CASH BEGINNING OF MONTH	\$ 113,690	\$ 5,569	\$ -	\$ -	\$ 119,259			
RECEIPTS								
CASH SALES	\$ 9,313	\$ -	\$ -	\$ -	\$ 9,313			
ACCOUNTS RECEIVABLE	\$ -	\$ -	\$ -	\$ 1,614,462	\$ 1,614,462			
LOANS AND ADVANCES	\$ -	\$ -	\$ -	\$ -	\$ -			
SALE OF ASSETS	\$ -	\$ -	\$ -	\$ -	\$ -			
OTHER (ATTACH LIST)	\$ -	\$ 5,593	\$ -	\$ -	\$ 5,593			
TRANSFERS (FROM DIP ACCTS)	\$ 1,400,000	\$ -	\$ -	\$ (1,400,000)	\$ -			
					\$ -			
TOTAL RECEIPTS	\$ 1,409,313	\$ 5,593	\$ -	\$ 214,462	\$ 1,629,368			
DISBURSEMENTS								
NET PAYROLL (incl Physicians)	\$ (731,937)	\$ -	\$ -	\$ -	\$ (731,937)			
PAYROLL TAXES	\$ (178,260)	\$ -	\$ -	\$ -	\$ (178,260)			
SALES, USE, & OTHER TAXES	\$ -	\$ -	\$ -	\$ -	\$ -			
INVENTORY PURCHASES	\$ (7,500)	\$ -	\$ -	\$ -	\$ (7,500)			
SECURED/ RENTAL/ LEASES	\$ -	\$ -	\$ -	\$ -	\$ -			
INSURANCE	\$ (257,864)	\$ -	\$ -	\$ -	\$ (257,864)			
ADMINISTRATIVE	\$ (5,320)	\$ -	\$ -	\$ -	\$ (5,320)			
SELLING	\$ -	\$ -	\$ -	\$ -	\$ -			
OTHER (ATTACH LIST)	\$ (141,798)	\$ -	\$ -	\$ -	\$ (141,798)			
	\$ -	\$ -	\$ -	\$ -	\$ -			
OWNER DRAW *	\$ -	\$ -	\$ -	\$ -	\$ -			
TRANSFERS (TO DIP ACCTS)	\$ -	\$ -	\$ -	\$ -	\$ -			
					\$ -			
PROFESSIONAL FEES	\$ (72,942)	\$ -	\$ -	\$ -	\$ (72,942)			
U.S. TRUSTEE QUARTERLY FEES	\$ -	\$ -	\$ -	\$ -	\$ -			
COURT COSTS	\$ -	\$ -	\$ -	\$ -	\$ -			
TOTAL DISBURSEMENTS	\$ (1,395,621)	\$ -	\$ -	\$ -	\$ (1,395,621)			
NET CASH FLOW	\$ 13,692	\$ 5,593	\$ -	\$ 214,462	\$ 233,747			
(RECEIPTS LESS DISBURSEMENTS)								
CASH - END OF MONTH	\$ 127,382	\$ 11,163	\$ -	\$ 214,462	\$ 353,007			

* COMPENSATION TO SOLE PROPRIETORS FOR SERVICES RENDERED TO BANKRUPTCY ESTATE \$ 0

THE FOLLOWING SECTION MUST BE COMPLETED

DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES: (FROM CURRENT MONTH ACTUAL COLUMN)	
TOTAL DISBURSEMENTS	\$ (1,395,621)
LESS: TRANSFERS TO DEBTOR IN POSSESSION ACCOUNTS	\$ -
PLUS: ESTATE DISBURSEMENTS MADE BY OUTSIDE SOURCES (i.e. from escrow accounts)	\$ -
TOTAL DISBURSEMENTS FOR CALCULATING U.S. TRUSTEE QUARTERLY FEES	\$ (1,395,621)

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Dialysis Access Centers, LP
 OUTSTANDING TRANSACTIONS REPORT
 Bank Reconciliation

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Audit Trail Code: CMADJ00000217
 Checkbook ID: BA OP NEW
 Description: BOA Operating Account New
 Sorted By: Type

Type	Number	Date	Paid To/Rcvd From	Trx Amount
CHK	10212	3/19/2015	Stephen Kolakowski MD	(\$500.00)
CHK	10519	4/8/2015	Victor Carabello	(\$2,500.00)
CHK	11476	5/20/2015	NUR Transportation	(\$2,483.00)
CHK	11750	6/4/2015	John Bingham	(\$45.98)
CHK	12966	8/5/2015	CA Dept of Public Health	(\$25.00)
CHK	13010	8/5/2015	EdnaMae McGinley	(\$25.00)
CHK	13479	8/26/2015	Stratus Building Solutions of	(\$853.01)
CHK	13890	9/17/2015	Comcast	(\$105.52)
CHK	14301	10/9/2015	Orkin Raleigh Comm	(\$52.44)
CHK	14859	11/5/2015	Matthew Sanger	(\$779.00)
CHK	15166	11/19/2015	Renee McKinney	(\$152.95)
CHK	15581	12/10/2015	University of MD Charles Regio	(\$210.00)
CHK	17072	3/1/2016	Dr. Sara Naren/Collierville Fa	(\$400.00)
CHK	17845	4/1/2016	Dr. Sara Naren/Collierville Fa	(\$400.00)
CHK	17966	4/7/2016	Gentry dba Orkin	(\$106.00)
CHK	18035	4/13/2016	Secretary of State of Texas	(\$35.00)
CHK	18102	4/14/2016	Lynn Ryan	(\$42.77)
CHK	18469	5/1/2016	Dr. Sara Naren/Collierville Fa	(\$400.00)
CHK	19167	6/2/2016	CleanNet of Philadelphia	(\$441.00)
CHK	19389	6/9/2016	Lisa Leibfreid	(\$48.00)
CHK	19392	6/9/2016	Renee McKinney	(\$304.10)
CHK	19949	7/7/2016	Saljl Joshi, MD	(\$1,344.64)
CHK	20104	7/21/2016	Nordelia Guerrier	(\$75.00)
CHK	20894	8/25/2016	Johnson & Roundtree Premium	(\$7.17)
CHK	21445	9/22/2016	Randolph Campbell	(\$22.09)
CHK	22490	11/10/2016	Gina Torres	(\$115.87)
CHK	22783	11/22/2016	Mary Beth McCusker	(\$190.00)
CHK	23576	12/22/2016	Grand View Medical Staff	(\$300.00)
CHK	23914	1/19/2017	Ready Refresh	(\$267.90)
CHK	24530	2/10/2017	Jorge Salazar	(\$1,246.16)
CHK	24783	2/23/2017	Curexa	(\$450.55)
CHK	25110	3/9/2017	Marlyn Acosta	(\$50.00)
CHK	25233	3/16/2017	Gary Amacker	(\$115.00)
CHK	25683	4/6/2017	Byron Felder	(\$80.00)
CHK	25807	4/13/2017	Altondra Crockett	(\$42.59)
CHK	26287	5/1/2017	My NP Family Health and Wellne	(\$550.00)
CHK	26303	5/4/2017	Altondra Crockett	(\$128.14)
CHK	27204	6/15/2017	Milagros Aviles	(\$11.00)
CHK	27736	7/13/2017	Ginger Corsaro	(\$16.37)
CHK	2793	3/13/2014	Jay H. Schwartz MD FACS	(\$175.00)
CHK	28907	9/7/2017	Ginger Corsaro	(\$39.05)
CHK	29535	10/5/2017	Saljl Joshi, MD	(\$355.96)
CHK	29752	10/19/2017	Intelerad Medical Systems	(\$10,000.00)
CHK	29884	10/26/2017	Intelerad Medical Systems	(\$10,000.00)
CHK	29959	10/27/2017	State of Delaware	(\$35.00)
CHK	30040	11/2/2017	Marie Petrizzo	(\$10.00)
CHK	30390	11/22/2017	Gene Ciroalo	(\$10.00)
CHK	30433	11/30/2017	Altondra Crockett	(\$14.99)
CHK	30592	12/7/2017	Alfa Galindo	(\$190.30)
CHK	30620	12/7/2017	Dave Stebbins	(\$96.50)
CHK	30759	12/14/2017	Erica Thompson	(\$11.13)
CHK	30772	12/14/2017	John Taylor	(\$20.00)
CHK	30856	12/21/2017	Christiana Gamble	(\$27.81)
CHK	30937	12/21/2017	TotalFunds By Hasler	(\$1,000.00)
CHK	31264	1/18/2018	Erica Thompson	(\$16.69)
CHK	31967	3/5/2018	David Cohen	(\$1,606.82)
CHK	32647	4/2/2018	Mid-South Renal Clinic, PLC	(\$300.00)
CHK	33428	5/17/2018	Shante Ford	(\$21.36)
CHK	34553	7/26/2018	Johnnie Vaughan	(\$15.00)

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 OUTSTANDING TRANSACTIONS REPORT
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Type	Number	Date	Paid To/Rcvd From	Trx Amount
CHK	34608	7/26/2018	Elizabeth Brown	(\$90.21)
CHK	34677	8/2/2018	David Ross	(\$15.00)
CHK	35152	8/30/2018	Renee McKinney	(\$296.91)
CHK	37117	1/17/2019	Dr James Urso	(\$1,123.71)
CHK	37260	1/31/2019	Sheila Clark	(\$5.00)
CHK	37290	1/31/2019	Shante Ford	(\$22.74)
CHK	37669	2/22/2019	Pinefield Subway	(\$125.74)
CHK	38027	3/15/2019	Stanley Obanion	(\$15.00)
CHK	38349	4/15/2019	State of NJ - PART	(\$828.00)
CHK	38363	4/15/2019	Charles Miller	(\$20.00)
CHK	39226	6/28/2019	Allen Allison	(\$65.62)
CHK	39275	6/28/2019	JefferyCalligan	(\$67.02)
CHK	39501	7/15/2019	Mary Sweetney	(\$21.38)
CHK	39516	7/15/2019	John Bingham	(\$54.99)
CHK	39615	7/25/2019	Alison Romain	(\$7.81)
CHK	39665	7/25/2019	Ron Benson	(\$30.00)
CHK	39875	8/16/2019	Leshae Guy	(\$20.00)
CHK	40255	9/13/2019	Lynn Mishoe	(\$50.00)
CHK	40297	9/13/2019	William Urban	(\$14.94)
CHK	40400	9/27/2019	Boston Scientific Corporation	(\$5,030.96)
CHK	40421	9/27/2019	Kol Bio Medical Instruments In	(\$456.59)
CHK	40487	10/3/2019	Mississippi State Dept. of Hea	(\$300.00)
CHK	40594	10/11/2019	Patricia Alexander	(\$268.11)
CHK	40663	10/28/2019	Anthony Walker	(\$24.89)
CHK	40684	10/28/2019	Tina Hallman	(\$14.00)
CHK	40685	10/28/2019	Teneca Dianne Hill	(\$50.00)
CHK	40763	11/4/2019	Bochetto & Lentz, P.C.	(\$21,678.55)
CHK	40786	11/6/2019	Atlantic Fire & Safety	(\$49.00)
CHK	40799	11/14/2019	Albert Budes	(\$20.00)
CHK	40800	11/14/2019	Coy Lee Keys	(\$15.00)
CHK	40801	11/14/2019	Crissy Murphy	(\$400.00)
CHK	40805	11/14/2019	Jeanette Byrd	(\$4.00)
CHK	40807	11/14/2019	Jeanette Mercer	(\$60.00)
CHK	40808	11/14/2019	Jason Smith	(\$5.00)
CHK	40810	11/14/2019	Kim Louis	(\$35.00)
CHK	40819	11/14/2019	Michael Spath	(\$20.00)
CHK	40820	11/14/2019	Nunez Hernandez	(\$240.94)
CHK	40823	11/14/2019	Rhonda Solberg	(\$20.00)
CHK	40824	11/14/2019	Shirley Magnus	(\$25.81)
CHK	40826	11/14/2019	Sara Pollan	(\$14.00)
CHK	40827	11/14/2019	Stacey Webb	(\$15.00)
CHK	40828	11/14/2019	Thomas Mc Conville	(\$10.00)
CHK	40829	11/14/2019	Tracy Revels	(\$40.00)
CHK	40831	11/14/2019	BCBS of IL	(\$879.42)
CHK	40837	11/14/2019	Natalia Bartholomew	(\$336.47)
CHK	40838	11/14/2019	Rebecca Ward	(\$46.00)
CHK	40859	11/14/2019	Ready Refresh	(\$46.63)
CHK	40860	11/14/2019	Republic Services	(\$218.65)
CHK	40875	11/14/2019	Angel Lopez	(\$27.00)
CHK	40876	11/14/2019	Calvin Edwards	(\$30.00)
CHK	40898	11/14/2019	Saljl Joshi, MD	(\$5,952.00)
CHK	40909	11/19/2019	Airgas Mid South Inc	(\$84.68)
CHK	40921	11/19/2019	Deep South Physica PLLC	(\$533.38)
CHK	40932	11/19/2019	Ready Refresh	(\$84.12)
CHK	40933	11/19/2019	Republic Services	(\$245.89)
CHK	4094	5/8/2014	Reine-Elodie Koffi	(\$132.00)
CHK	40947	11/19/2019	Greg Achinko	(\$15.00)
CHK	40951	11/19/2019	Innovo Staffing LLC	(\$1,297.44)
CHK	40954	11/21/2019	Bolivar County Council on Agin	(\$3,609.68)
CHK	40963	11/21/2019	Innovo Staffing LLC	(\$1,297.44)
CHK	40964	11/21/2019	Larry Cooper	(\$20.00)
CHK	40965	11/21/2019	Linda Franklin	(\$20.00)
CHK	40966	11/21/2019	Larry E Williams	(\$15.00)
CHK	40967	11/21/2019	Broadway Linen	(\$1,064.48)
CHK	40972	11/21/2019	McLean Controls Inc	(\$2,297.00)

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OUTSTANDING TRANSACTIONS REPORT

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Bank Reconciliation

Type	Number	Date	Paid To/Rcvd From	Trx Amount
CHK	40976	11/21/2019	NTC Delta, LLC	(\$685.50)
CHK	40979	11/21/2019	Orkin	(\$92.80)
CHK	40981	11/21/2019	Ready Refresh	(\$49.63)
CHK	40983	11/21/2019	Stericycle	(\$2,852.83)
CHK	40987	11/21/2019	AFCO	(\$4,370.09)
CHK	40992	11/26/2019	Airgas Mid South Inc	(\$232.21)
CHK	40993	11/26/2019	Anago Pitts	(\$3,169.40)
CHK	40994	11/26/2019	Ameripride Linen and Apparel S	(\$504.21)
CHK	40995	11/26/2019	IAC Vascular Testing	(\$2,350.00)
CHK	40997	11/26/2019	SP Plus Corp.	(\$350.00)
CHK	40999	11/26/2019	Circulation Inc	(\$12,833.14)
CHK	41000	11/26/2019	Contract Cleaners Supply Inc	(\$257.90)
CHK	41003	11/26/2019	EdnaMae McGinley	(\$210.25)
CHK	41004	11/26/2019	Image FIRST	(\$636.54)
CHK	41005	11/26/2019	Innovo Staffing LLC	(\$1,178.40)
CHK	41007	11/26/2019	Jamie Barrett	(\$134.79)
CHK	41010	11/26/2019	Natalia Bartholomew	(\$185.00)
CHK	41012	11/26/2019	Optimum	(\$204.06)
CHK	41013	11/26/2019	Orkin	(\$59.89)
CHK	41014	11/26/2019	Parish Cab	(\$5,985.00)
CHK	41018	11/26/2019	Stericycle Communication Solut	(\$1,933.52)
CHK	41019	11/26/2019	Pinefield Subway	(\$320.62)
CHK	41020	11/26/2019	Tracey Glasscock	(\$87.72)
CHK	41021	11/26/2019	Transport U LLC	(\$2,407.00)
CHK	41022	11/26/2019	UPS	(\$67.50)
CHK	41023	11/26/2019	Waste Management of MD	(\$457.14)
CHK	41024	11/26/2019	Westport Linen Services LLC	(\$652.64)
CHK	41025	11/26/2019	Leah Mooneyham	(\$223.93)
CHK	41026	11/26/2019	New Horizons Solutions	(\$236.00)
CHK	41027	11/26/2019	Nancy Smith	(\$118.66)
CHK	41029	11/26/2019	Rhonda Connor	(\$1,314.98)
CHK	41030	11/26/2019	Jennifer Noble	(\$968.02)
CHK	41031	11/26/2019	Brent Brockway	(\$947.22)
CHK	41033	11/26/2019	Cambridge Prof Center Condomin	(\$430.60)
CHK	41034	11/26/2019	PBH2, LLC	(\$11,019.77)
CHK	41035	11/26/2019	347 Mt Pleasant LLC	(\$16,744.68)
CHK	4163	5/15/2014	Cecilia Cruz	(\$45.00)
CHK	4240	5/15/2014	South Jersey Gas Company	(\$90.32)
CHK	4767	6/12/2014	Tax Trust Account	(\$508.08)
CHK	4900	6/26/2014	Amanda Chandler	(\$35.15)
CHK	6856	10/2/2014	Adanech Boku	(\$40.00)
CHK	6898	10/2/2014	Edythe Hoffman	(\$10.00)
CHK	6999	10/9/2014	Caremore Medical Recovery	(\$204.91)
CHK	7130	10/16/2014	Comcast - WO	(\$102.73)
CHK	7208	10/16/2014	Ryan Govito	(\$89.81)
CHK	9966	3/6/2015	Saljl Joshi, MD	(\$1,100.44)
CHK	9999	3/10/2015	M. Al Hamad, MD	(\$100.00)
DAJ	DAJ000002925	6/23/2016		(\$1,897.53)
DAJ	DAJ000003683	2/27/2018		(\$13,006.89)
DAJ	DAJ000004223	10/4/2019	Am Fund	(\$7,983.75)
DAJ	DAJ000004232	11/20/2019	Am Fund	(\$8,222.18)

175 Transaction(s)

Totals:

Number of Payments	175
Amount of Payments	\$196,498.49
Number of Deposits	0
Amount of Deposits	\$0.00

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Dialysis Access Centers, LP
 OUTSTANDING TRANSACTIONS REPORT
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Audit Trail Code: CMADJ00000216
 Checkbook ID: BOA OPERATING
 Description: BoA Operating Account
 Sorted By: Type

Type	Number	Date	Paid To/Rcvd From	Trx Amount
CHK	047912	8/29/2013	City of Philadelphia	(\$150.00)
CHK	047913	8/29/2013	City of Philadelphia	(\$150.00)
CHK	22667	12/13/2016	Airgas East	\$131.32
CHK	35164	6/18/2012	TI-Westover Place LLC	\$1,407.00
CHK	43135	1/18/2013	Orkin	(\$54.04)
CHK	43799	2/19/2013	Horizon NJ Health	(\$3,234.68)
CHK	45004	4/12/2013	ITS Neopost, Inc.	(\$84.32)
CHK	45214	4/24/2013	Donna Giralddi	(\$225.00)
CHK	45226	4/24/2013	Mr. Thurman McCallum	(\$10.00)
CHK	45390	5/2/2013	Saljl Joshi, MD	(\$133.20)
CHK	45480	5/3/2013	TYCO Integrated Systems LLC	\$960.00
CHK	47189	7/26/2013	Airgas Mid South Inc	(\$336.92)
CHK	47802	8/23/2013	Orkin	(\$74.75)
CHK	47963	8/30/2013	Thermal Services of NJ Inc	(\$212.30)
IAJ	IAJ000000808	8/8/2011		\$470.28
IAJ	IAJ000000809	8/8/2011		\$615.64
IAJ	IAJ000000810	8/8/2011		\$545.72

17 Transaction(s)

Totals:

Number of Payments	14
Amount of Payments	\$2,166.89
Number of Deposits	3
Amount of Deposits	\$1,631.64

Reporting Period: 11/13-11/30/2019

This schedule is to include all retained professional payments from case inception to current month.

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In re_Vascular Access Centers, L.P.
Debtor

Case No. 19-17117
Reporting Period: 11/13-11/30/2019

STATEMENT OF OPERATIONS
(Income Statement)

The Statement of Operations is to be prepared on an accrual basis. The accrual basis of accounting recognizes revenue when it is realized and expenses when they are incurred, regardless of when cash is actually received or paid.

REVENUES	Month	Cumulative Filing to Date
Gross Revenues	\$ 3,468,397	\$ 3,468,397
Less: Returns and Allowances	\$ (2,046,354)	\$ (2,046,354)
Net Revenue	\$ 1,422,043	\$ 1,422,043
COST OF GOODS SOLD		
Beginning Inventory	\$ 1,582,034	\$ 1,582,034
Add: Purchases	\$ 7,500	\$ 7,500
Add: Cost of Labor	\$ -	\$ -
Add: Other Costs (attach schedule)	\$ -	\$ -
Less: Ending Inventory	\$ (1,197,587)	\$ (1,197,587)
Cost of Goods Sold	\$ 391,947	\$ 391,947
Gross Profit	\$ 1,030,096	\$ 1,030,096
OPERATING EXPENSES		
Advertising	\$ -	\$ -
Auto and Truck Expense	\$ -	\$ -
Bad Debts	\$ -	\$ -
Contributions	\$ -	\$ -
Employee Benefits Programs	\$ 50,343	\$ 50,343
Insider Compensation*	\$ -	\$ -
Insurance	\$ 114,361	\$ 114,361
Management Fees/Bonuses	\$ -	\$ -
Office Expense	\$ 42,502	\$ 42,502
Pension & Profit-Sharing Plans	\$ -	\$ -
Repairs and Maintenance	\$ -	\$ -
Rent and Lease Expense	\$ -	\$ -
Salaries/Commissions/Fees	\$ 731,937	\$ 731,937
Supplies	\$ -	\$ -
Taxes - Payroll	\$ 178,260	\$ 178,260
Taxes - Real Estate	\$ -	\$ -
Taxes - Other	\$ -	\$ -
Travel and Entertainment	\$ 5,210	\$ 5,210
Utilities	\$ -	\$ -
Other (attach schedule)	\$ 130,965	\$ 130,965
Total Operating Expenses Before Depreciation	\$ 1,253,578	\$ 1,253,578
Depreciation/Depletion/Amortization	\$ 100,589	\$ 100,589
Net Profit (Loss) Before Other Income & Expenses	\$ (324,071)	\$ (324,071)
OTHER INCOME AND EXPENSES		
Other Income (attach schedule)	\$ -	\$ -
Interest Expense	\$ (87,011)	\$ (87,011)
Other Expense (attach schedule)	\$ -	\$ -
Net Profit (Loss) Before Reorganization Items	\$ (411,082)	\$ (411,082)
REORGANIZATION ITEMS		
Professional Fees	\$ -	\$ -
U. S. Trustee Quarterly Fees	\$ -	\$ -
Interest Earned on Accumulated Cash from Chapter 11 (see continuation sheet)	\$ -	\$ -
Gain (Loss) from Sale of Equipment	\$ -	\$ -
Other Reorganization Expenses (attach schedule)	\$ -	\$ -
Total Reorganization Expenses	\$ -	\$ -
Income Taxes	\$ -	\$ -
Net Profit (Loss)	\$ (411,082)	\$ (411,082)

*"Insider" is defined in 11 U.S.C. Section 101(31).

In re_Vascular Access Centers, L.P.
Debtor

Case No. 19-17117
Reporting Period: 11/13-11/30/2019

STATEMENT OF OPERATIONS - continuation sheet

BREAKDOWN OF "OTHER" CATEGORY	Month	Cumulative Filing to Date
Other Costs	\$ 130,695	\$ 130,695
Insurance Refunds	\$ 17,777	\$ 17,777
Patient Transportation	\$ 15,613	\$ 15,613
Linen	\$ 27,134	\$ 27,134
Employee/Other	\$ 70,171	\$ 70,171
Other Operational Expenses		
Other Income		
Other Expenses		
Other Reorganization Expenses		

Reorganization Items - Interest Earned on Accumulated Cash from Chapter 11:

Interest earned on cash accumulated during the chapter 11 case, which would not have been earned but for the bankruptcy proceeding, should be reported as a reorganization item.

In re Vascular Access Centers, L.P.

Debtor

Case No. 19-17117

Reporting Period: 11/13-11/30/2019

BALANCE SHEET

The Balance Sheet is to be completed on an accrual basis only. Pre-petition liabilities must be classified separately from postpetition obligations.

ASSETS	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
CURRENT ASSETS		
Unrestricted Cash and Equivalents	\$ 376,952	\$ 54,347
Restricted Cash and Cash Equivalents (see continuation sheet)	\$ -	
Accounts Receivable (Net)	\$ 4,098,807	\$ 4,330,650
Notes Receivable	\$ -	
Inventories	\$ 1,197,587	\$ 1,255,169
Prepaid Expenses	\$ 293,010	\$ 318,200
Professional Retainers	\$ -	
Other Current Assets (attach schedule)	\$ -	
TOTAL CURRENT ASSETS	\$ 5,966,356	\$ 5,958,366
PROPERTY AND EQUIPMENT		
Real Property and Improvements	\$ 9,096,025	\$ 9,096,025
Machinery and Equipment		
Furniture, Fixtures and Office Equipment		
Leasehold Improvements	\$ 10,056,645	\$ 10,024,336
Vehicles	\$ -	\$ -
Less Accumulated Depreciation	\$ (15,783,376)	\$ (15,682,787)
TOTAL PROPERTY & EQUIPMENT	\$ 3,369,294	\$ 3,437,574
OTHER ASSETS		
Loans to Insiders*	\$ -	
Other Assets (attach schedule)	\$ 436,070	\$ 336,069
TOTAL OTHER ASSETS	\$ 436,070	\$ 336,069
TOTAL ASSETS	\$ 9,771,720	\$ 9,732,009

LIABILITIES AND OWNER EQUITY	BOOK VALUE AT END OF CURRENT REPORTING MONTH	BOOK VALUE ON PETITION DATE
LIABILITIES NOT SUBJECT TO COMPROMISE (Postpetition)		
Accounts Payable	\$ 239,293	\$ 3,459,890
Taxes Payable (refer to FORM MOR-4)	\$ -	\$ -
Wages Payable	\$ 551,304	\$ 797,952
Notes Payable	\$ -	\$ -
Rent / Leases - Building/Equipment	\$ 130,389	\$ 138,113
Secured Debt / Adequate Protection Payments	\$ -	\$ 1,352,120
Professional Fees	\$ 127,946	\$ 80,422
Amounts Due to Insiders*		
Other Postpetition Liabilities (attach schedule)		
TOTAL POSTPETITION LIABILITIES	\$ 1,048,932	\$ 5,828,497
LIABILITIES SUBJECT TO COMPROMISE (Pre-Petition)		
Secured Debt	\$ 4,444,596	\$ 3,092,476
Priority Debt	\$ -	\$ 5,478,694
Unsecured Debt	\$ 24,294,367	\$ 14,893,581
TOTAL PRE-PETITION LIABILITIES	\$ 28,738,963	\$ 23,464,751
TOTAL LIABILITIES	\$ 29,787,895	\$ 29,293,248
OWNER EQUITY		
Capital Stock		
Additional Paid-In Capital		
Partners' Capital Account	\$ (25,337,246)	\$ (24,698,781)
Minority's Equity Account	\$ 5,321,071	\$ 5,137,542
Retained Earnings - Pre-Petition		
Retained Earnings - Postpetition		
Adjustments to Owner Equity (attach schedule)		
Postpetition Contributions (Distributions) (Draws) (attach schedule)		
NET OWNER EQUITY	\$ (20,016,175)	\$ (19,561,239)
TOTAL LIABILITIES AND OWNERS' EQUITY	\$ 9,771,720	\$ 9,732,009
	\$ -	\$ 0

*"Insider" is defined in 11 U.S.C. Section 101(31).

Case No. 19-17117
Reporting Period: 11/13-11/30/2019

BALANCE SHEET - continuation sheet[illegible]

Restricted Cash is cash that is restricted for a specific use and not available to fund operations. Typically, restricted cash is segregated into a separate account, such as an escrow account.

In re_Vascular Access Centers, L.P.
Debtor

Case No. 19-17117
Reporting Period: 11/13-11/30/2019

STATUS OF POSTPETITION TAXES

The beginning tax liability should be the ending liability from the prior month or, if this is the first report, the amount should be zero.
Attach photocopies of IRS Form 6123 or payment receipt to verify payment or deposit of federal payroll taxes.
Attach photocopies of any tax returns filed during the reporting period.

	Beginning Tax Liability	Amount Withheld or Accrued	Amount Paid	Date Paid	Check No. or EFT	Ending Tax Liability
Federal						
Withholding						
FICA-Employee						
FICA-Employer						
Unemployment						
Income						
Other:						
Total Federal Taxes						
State and Local						
Withholding						
Sales						
Excise						
Unemployment						
Real Property						
Personal Property						
Other:						
Total State and Local						
Total Taxes						

SUMMARY OF UNPAID POSTPETITION DEBTS

Attach aged listing of accounts payable.

	Current	Number of Days Past Due				Over 90	Total
		0-30	31-60	61-90			
Accounts Payable	\$ 239,293						\$ 239,293
Wages Payable	\$ 551,304						\$ 551,304
Taxes Payable							\$ -
Rent/Leases-Building	\$ 130,389						\$ 130,389
Rent/Leases-Equipment							\$ -
Secured Debt/Adequate Protection Payments							\$ -
Professional Fees	\$ 127,946						\$ 127,946
Amounts Due to Insiders*							\$ -
Other:							\$ -
Other:							\$ -
Total Postpetition Debts	\$ 1,048,932	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 1,048,932

Explain how and when the Debtor intends to pay any past-due postpetition debts.

*"Insider" is defined in 11 U.S.C. Section 101(31).

In re_Vascular Access Centers, L.P.
Debtor

ACCOUNTS RECEIVABLE RECONCILIATION AND AGING

Accounts Receivable Reconciliation		Amount
Total Accounts Receivable at the beginning of the reporting period	\$	4,076,764
+ Amounts billed during the period	\$	1,422,043
- Amounts collected during the period	\$	(1,400,000)
Total Accounts Receivable at the end of the reporting period	\$	4,098,807
Accounts Receivable Aging		Amount
0 - 30 days old	\$	3,971,027
31 - 60 days old	\$	599,863
61 - 90 days old	\$	529,619
91+ days old	\$	4,671,505
Total Accounts Receivable	\$	9,772,014
Amount considered uncollectible (Bad Debt)	\$	(5,673,207)
Accounts Receivable (Net)	\$	4,098,807

DEBTOR QUESTIONNAIRE

Must be completed each month	Yes	No
1. Have any assets been sold or transferred outside the normal course of business this reporting period? If yes, provide an explanation below.		x
2. Have any funds been disbursed from any account other than a debtor in possession account this reporting period? If yes, provide an explanation below.		x
3. Have all postpetition tax returns been timely filed? If no, provide an explanation below.	x	
4. Are workers compensation, general liability and other necessary insurance coverages in effect? If no, provide an explanation below.	x	
5. Has any bank account been opened during the reporting period? If yes, provide documentation identifying the opened account(s). If an investment account has been opened provide the required documentation pursuant to the Delaware Local Rule 4001-3.		
		x